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## State CARE Act Program Profile

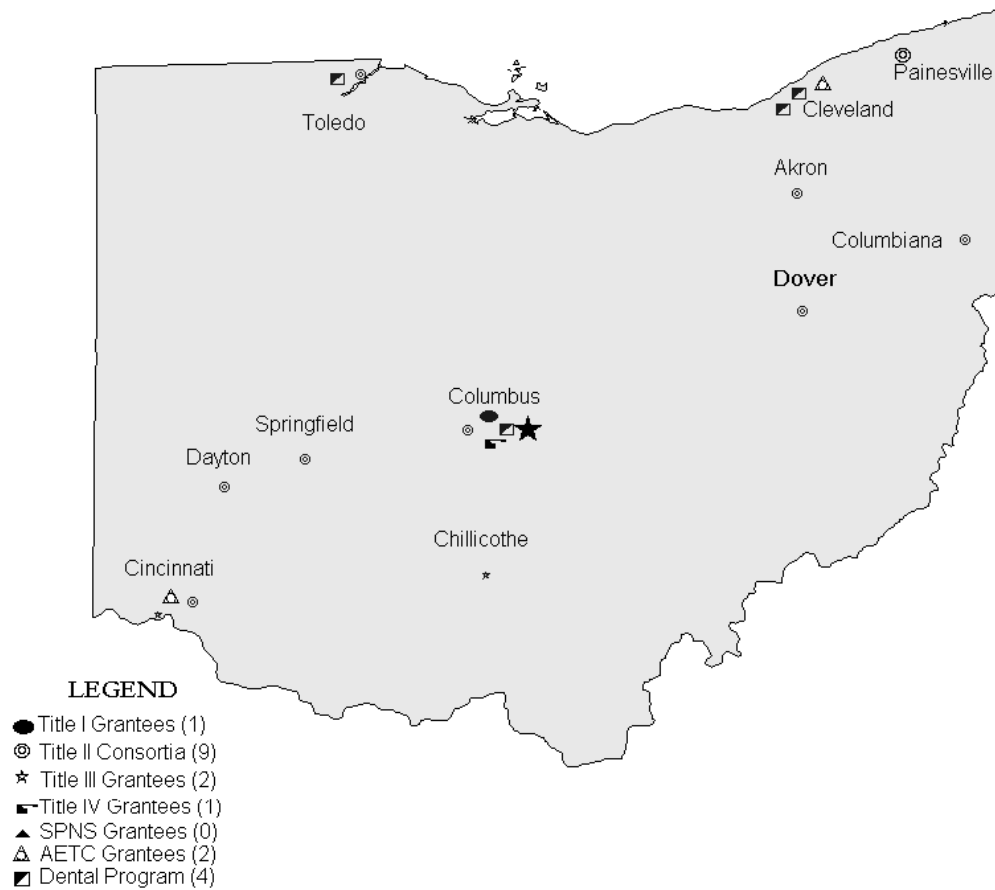
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$1,384,956	\$1,877,513	\$2,459,443	\$5,721,912
Title II (including ADAP)	\$4,668,106	\$7,316,497	\$8,953,866	\$20,938,469
ADAP	(\$782,236)	(\$2,577,208)	(\$4,305,465)	(\$7,664,909)
Title III	\$589,699	\$639,438	\$683,888	\$1,913,025
Title IV	\$445,000	\$520,000	\$545,163	\$1,510,163
SPNS	\$0	\$0	\$0	\$0
AETC	\$73,944	\$107,500	\$107,500	\$288,944
Dental	\$37,325	\$45,156	\$31,373	\$113,854
<b>Total</b>	<b>\$7,199,030</b>	<b>\$10,506,104</b>	<b>\$12,781,233</b>	<b>\$30,486,367</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

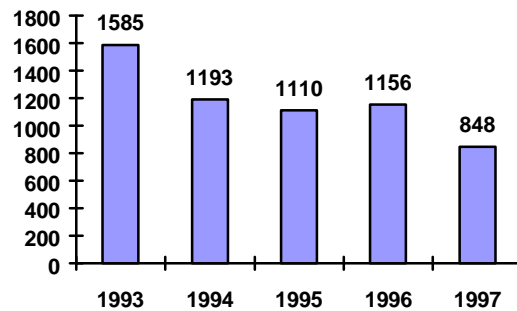
	1996	1997	1998
Title I	1	1	1
Title III	3	2	2
Title IV	1	1	1
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	4	4	4

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Ohio (Pop. 11,186,331)

- ▶ Persons reported to be living with AIDS through 1997: 3,334
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 3,464
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated June 1990)
- ▶ State AIDS Cases (cumulative) since 1993: 5,892 (2% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	85%	78%
Women (13 years and up):	15%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	51%	33%
African American:	44%	45%
Hispanic:	4%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	54%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	21%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	185.2	194.5
Gonorrhea (1996)	134.0	124.0
Syphilis (1996)	5.2	4.3
TB (1997)	2.6	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** access to housing

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	63% FPL
Pregnant Women	133% FPL

\*Income eligibility for State's ADAP program is 281% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: All current Medicaid-eligible individuals except those that are aged, blind, or disabled and reside in long-term care facilities or receive home and community based services or QMBs. The aged, blind, and disabled living in the community will be phased in during year three. Uninsured individuals to 110% FPL are not covered by Medicare or Medicaid.

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

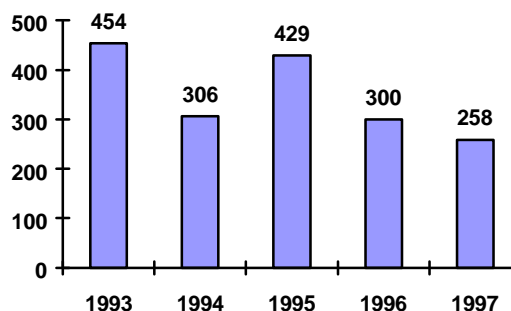
**1915(b) waiver(s):** Yes

## Title I: Cleveland (Pop. 2,202,069)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,260
- ▶ AIDS Cases (cumulative) since 1993: 1,747 (30% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	83%	85%	78%
Women (13 years and up):	17%	15%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	36%	51%	33%
African American:	57%	44%	45%
Hispanic:	8%	4%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	54%	54%	35%
Injecting drug user (IDU):	14%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%	4%
Heterosexual contact:	12%	10%	13%
Other, unknown or not reported: (Adults only)	17%	21%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,184,956	\$1,290,924	\$1,350,110	\$3,825,990
Supplemental	\$200,000	\$586,589	\$1,109,333	\$1,895,922
Total	\$1,384,956	\$1,877,513	\$2,459,443	\$5,721,912

## Allocation of Funds

	1998
Health Care Services	\$756,000/31%
Medications	\$500,000/20%
Case Management	\$174,000/7%
Support Services	\$636,471/26%
Administration, Planning and Program Support	\$392,972/16%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 38
- ▶ PLWH on planning council: 15 (39%)

## Gender of Planning Council Members

Men:	55%
Women:	45%

### **Race/Ethnicity of Planning Council Members**

White:	63%
African American:	29%
Hispanic:	8%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

#### **► Improved Patient Access**

- The Title I program added the following new services in FY 1997: 1) viral load testing; 2) support for local pharmacy assistance for persons ineligible for ADAP, Medicaid or other insurance coverage; 3) nursing care coordination; 4) nutrition services; and 5) complimentary therapies prescribed by physicians.
- The program provided short-term antiretroviral therapy for persons enrolling in ADAP and/or Medicaid, in order to prevent delays in starting prescribed therapy.

#### **► Other Accomplishments**

- Cultural sensitivity training was provided to case managers to improve services delivery.



## Title II: Ohio

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$4,668,106	\$7,316,497	\$8,953,866	\$20,938,469
ADAP (included in Title II grant)	(\$782,236)	(\$2,577,208)	(\$4,305,465)	(\$7,664,909)
Minimum Required State Match	\$2,334,053	\$3,658,249	\$4,476,933	\$10,469,235

### Allocation of Funds

	1998
Health Care (State Administered)	\$5,417,157/61%
Home and Community Care	(\$53,500)
Health Insurance Continuation	(\$235,400)
ADAP/Treatments	(\$5,128,257)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,655,722/30%
Health Care*	(\$438,400)
ADAP/Treatment	(\$288,851)
Case Management	(\$607,125)
Support Services**	(\$1,321,346)
Administration, Planning and Evaluation (Total State/Consortia)	\$880,987/10%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 9

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Akron #6	Akron	Summit, Medina, and Portage Counties	\$125,661
Canton #8	Dover	Stark, Wayne, Tuscarawas, Carroll and Holmes Counties	\$69,411
Cincinnati #3	Cincinnati	Hamilton, Butler, Brown, Highland, Clinton, Adams, Warren, and Clamont Counties	\$565,910
Cleveland #1	Painesville	Cuyahoga, Lorain, Lake, Geauga and Ashtabula Counties	\$733,834
Columbus #2	Columbus	Franklin, Licking, Madison, Delaware, Fairfield, Pickaway and Union Counties	\$544,283
Dayton #4	Dayton	Montgomery, Clark, Preble, Miami, Darke and Greene Counties	\$320,529
Rural #9	Springfield		\$204,053
Toledo #5	Toledo	Lucas, Ottawa, Sandusky, Wood, Williams, Fulton, Defiance, and Henry Counties	\$222,960
Youngstown #7	Columbiana	Mahoning, Trumbull, Columbiana, and Jefferson Counties	\$99,300

## Accomplishments

Clients Served (duplicated count), FY 1996:	2,670
Men:	78%
Women:	21%
Other, unknown or not reported:	1%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%

White:	52%
African American:	40%
Hispanic:	6%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	52%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	21%
Other, unknown or not reported:	13%

#### ► **Improved Patient Access**

- The number of individuals receiving medications through ADAP increased 54% between 1996 (715) and June 1998 (1,100). Monthly utilization experienced a greater increase, with a 70% increase in just the last year, from 526 in 1997 to 895 clients as of June 1998.
- In 1997, approximately 80% of ADAP clients (approximately 770) accessed combination therapy that included protease inhibitors.
- ADAP clients generally reflect the demographic distribution of AIDS-diagnosed cases in Ohio, with the exception of African Americans who accounted for 26% of ADAP clients in 1997, but represent 32% of total AIDS cases. Continued outreach to medical and social service providers who serve African-American clients is underway to ensure that clients who need ADAP services will receive them.
- Funding for the insurance continuation program increased by \$100,000 during FY 1998, and the program is expected to serve up to 135 individuals, a 50% increase over 1997 (90 clients).

#### ► **Cost Savings**

- The State negotiated voluntary manufacturers' rebates averaging 10% of billings and projected \$550,000 in savings to the ADAP during 1998.

#### ► **Other Accomplishments**

- The ADAP Advisory Committee is an interdisciplinary team consisting of infectious disease physicians, family practice physicians, social workers, a nurse, a pharmacist, and a client advocate. The committee convenes quarterly, and members are consulted throughout the program year on an as-needed basis. The Advisory Committee is responsible for setting the program formulary, reviewing the appropriateness of treatments being prescribed for program clients, and promulgating program policy.

- The grantee provided consumers and providers information about HIV/AIDS treatment advances, and the ADAP Advisory Committee initiated medical consultation services for physicians.
- As a result of tireless efforts statewide, the Ohio Legislature allocated an additional 3.0 million dollars to the ADAP for State fiscal year 1999; the allocation for State fiscal year 2,000 will be an additional 3.2 million dollars.

## AIDS Drug Assistance Program (ADAP): Ohio

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,628,236	\$3,400,000	\$5,128,257	\$10,156,493
State Funds	\$200,000	\$2,406,316	\$0	\$2,606,316
Total	\$1,828,236	\$5,806,316	\$5,128,257	\$12,762,809

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 26 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	1,100
Number using ADAP each month:	895
Percent of clients on protease inhibitors:	90%

## Client Profile, FY 1996

Men:	86%
Women:	13%
Other:	1%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	73%
African American:	21%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	3%

## Title III: Ohio

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	3	2	2	
Total Title III funding in State	\$589,699	\$639,438	\$683,888	\$1,913,025

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 2 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 2,285
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 1,964
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 196
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 44%
  - ▶ from 200 to 499: 36%
  - ▶ above 500: 20%

### Accomplishments

Clients served (primary care only), 1996:	1,964
Men:	85%
Women:	15%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%

White:	68%
African American:	30%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	55%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	14%
Receipt of blood transfusion, blood components, or tissue:	2%
Other, unknown or not reported:	19%

#### ► **Improved Patient Access**

- The Ross County General Health District offers the only primary care program for HIV-infected individuals in southern Ohio. In September, 1998, the primary care clinic moved to a new location where a variety of services are provided on-site to provide “one-stop shopping.”
- The Community HIV Comprehensive Care Program includes a total of 24 community health centers, a homeless mobile van, and the University of Cincinnati’s AIDS Treatment Center. The total number of new clients served at the AIDS Treatment Center increased by 24% from 1996 to 1997, and the number of client visits increased by 8.6%.
- Within the last three years, the number of clients from rural counties served by the Cincinnati Health Network has increased by 31%.
- Health Care for the Homeless, an affiliate of the Cincinnati Health Network, offers HIV counseling and testing to homeless persons at area shelters and service organizations.

#### ► **Improved Patient Outcomes**

- During the past three years, a total of 24 pregnancies of HIV-infected women were reported in the Cincinnati area. The majority of these clients received antiretroviral therapy; and of the children exposed to HIV infection, none were determined to be infected.



Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Cincinnati Health Network	Cincinnati	13 Counties	Community and Migrant (329/330) Health Center
Ross County General Health District	Chillicothe	Ross County	Health Department

Planning Grants

1996 - Columbus AIDS Taskforce - Columbus

## Title IV: Ohio

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$445,000	\$520,000	\$545,163	\$1,510,163

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	2%
Women with children:	25%
Adolescents/young adults:	23%
Children:	27%
Infants:	14%
Clients with AIDS/HIV Infection:	45%

### Accomplishments

All clients served, 1996:	251
Men:	35%
Women:	65%
(Adolescents and adults only)	

<13 years old:	41%
13-19 years old:	23%
20+ years old:	37%

White:	57%
African American:	41%
Hispanic:	1%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	2%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	35%
Receipt of blood transfusion, blood components, or tissue:	7%
Pediatric Exposure:	27%
Other, unknown or not reported:	25%

► **Improved Patient Access**

- The Ohio State Midwifery Program provides comprehensive prenatal care for adolescents and serves as a new entry point for Columbus Children's Hospital's Family AIDS Clinic & Educational Services (FACES) Program for HIV-infected clients.
- Of eligible Title IV clients, 100% of the children, and 50% of the women are enrolled in clinical trials at Ohio State University.
- The grantee holds grandparent and foster-adoptive parent support groups monthly. To facilitate participation, transportation and childcare services are coordinated.
- FACES is the only source of health care for 90% of the enrolled clients. In 1996, the total number of women accessing care through FACES increased by 15%. The total number of adolescents served by FACES increased from 44 youth in 1994 to 64 in 1997, an increase of 45%. Staff from FACES participated in 489 outreach activities providing HIV education to more than 4,200 adolescents and health care workers in 1997.

► **Improved Patient Outcomes**

- For the 33 HIV-infected pregnant women who accepted ZDV prophylaxis in 1997, no cases of perinatal HIV transmission occurred.
- In 1997, for the first time, the grantee reported no increase in the HIV-infected pediatric population. During this time, only one new perinatally infected infant was enrolled in the program.
- The grantee reported that the rate of missed appointments decreased from 50% to 10% in 1997.
- The grantee reported that the immunization rate of children served by FACES was 100%.

► **Cost Savings**

- As a result of more aggressive management of HIV infection, including administration of protease inhibitors, no HIV-infected child served by FACES was admitted for an HIV-related opportunistic infection.
- FACES uses the HIVPro database to track client demographics, medications, protocols, immunizations, social work activities, entitlements, etc.; to monitor clients; and to generate reports of unduplicated clients.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Columbus Children's Hospital	Columbus	44 counties in Ohio	Hospital

## AIDS Education and Training Centers: Ohio

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Great Lakes to Tennessee Valley AETC
- ▶ States Served: Kentucky, Michigan, Ohio, Tennessee
- ▶ Primary Grantee: Wayne State University, Detroit, MI
- ▶ Subcontractors in State: Case Western Reserve University - Cleveland  
University of Cincinnati - Cincinnati

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$73,944	\$107,500	\$107,500	\$288,944

### Training Highlights from FY 1997

- The AETC conducts HIV Mini Fellowships for Physicians, a one-week program of intensive training in prevention and care of HIV infection and its complications. The program includes small group lectures and discussions, interactive sessions and supervised patient care experiences. Participants gain experience in inpatient care by accompanying faculty on rounds. Outpatient care experiences involve seeing patients under the immediate supervision of faculty.
- The AETC's Case Management Certification Training Program involves four days of training and a certification examination. Topics covered include: medical update information; case assessment and care plan development, adherence, psychosocial issues, substance abuse and double and triple diagnosis, benefits, confidentiality and legal issues, partner notification, and prevention case management.
- Brown Bag Seminars are offered periodically for CARE Act-funded and other service agencies in the Cleveland area by the Ohio performance site. The one-to two-hour programs are offered during lunch hour to allow interested health care professionals to learn more about HIV care and prevention. Topics have included: quality of life issues for people living with HIV; post-exposure prophylaxis guidelines, people living with HIV-infection and substance abuse; viral load and new therapies; and HIV risk for African Americans.

- A Train-the-Trainer Program is conducted by the Kentucky performance site. The three-day training covers a variety of topics including: training techniques; legal and ethical issues; HIV diagnosis, progression, and transmission risk assessment; PHS treatment guidelines; managed care and its impact; adherence and post-exposure prophylaxis. Participants are certified through state health departments to provide two to four hours of HIV training in their facilities and communities and are provided training materials. They are required to attend a one-day update every two years.
- The Tennessee performance site's program, "Corrections and HIV/AIDS Issues" targets health care providers in the corrections system. Topics include: medical management of asymptomatic and early HIV disease; HIV and substance abuse; and the clinical manifestations and psychosocial issues of HIV.

## HIV/AIDS Dental Reimbursement Program: Ohio

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	4	4	4	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$37,325	\$45,156	\$31,373	\$113,854

### Accomplishments

Est. clients served, 1996:	906
Men:	63%
Women:	37%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Case Western Reserve School of Dentistry	Cleveland
Cleveland Clinic Foundation	Cleveland
Medical College of Ohio	Toledo
Ohio State University, College of Dentistry	Columbus